

## LINCOLN-WAY YOUTH STRINGS

### Student Emergency Information

#### Student Permission:

I hereby give permission for \_\_\_\_\_ to participate in the activities of Lincoln-Way Youth Strings during the current school year.

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

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#### Medical Consent:

I give my consent/permission to any teacher or assistant of Lincoln-Way Youth Strings of any activity in which my child is at or participating in for Lincoln-Way Youth Strings, and at the right, on my behalf and in my stand, to arrange for licensed and certified physicians to render and provide immediate treatment to my child as to injuries that may be sustained during any such activity, and all without necessity of any other further or additional express authorization by me other than this authorization.

My above permission and consent also extends to the right of any such teacher or assistant to arrange for immediate medical treatment and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve life or limb of my child.

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

#### Release of Student Directory Information for Internet Use

I (We), \_\_\_\_\_, as guardians of \_\_\_\_\_, hereby authorize Lincoln-Way Youth Strings, teachers or assistants, to release the following directory information pertaining to my (our) child listed above on the organization's website (Check all that apply):

- ☐ Student's name
- ☐ Student's gender
- ☐ Names of student's parents or guardians
- ☐ Student's honors
- ☐ Information in relation to organization-sponsored activities
- ☐ Photographs, videos, and digital images of the student participating in the organization's rehearsals, classes, and activities, and printed and online press releases

I (we) understand this consent will remain in effect from this date until the day my child withdraws from participation in Lincoln-Way Youth Strings LLC. However, I (we) understand that I (we) have the right to revoke this consent in writing at any time.

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**LINCOLN-WAY YOUTH STRINGS**  
**Student Emergency Information**

**Student Name** \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Activity \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

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***Father's Information:***

Full Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

***Mother's Information:***

Full Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

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**Emergency Contact Person** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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List ALL medical conditions, ANY allergies or allergic reactions (bee stings, medications, etc.), contact lenses (hard or soft), asthma, diabetes, heat illness, seizures, previous injuries and surgeries, all current medications with dosages, and advise whether the student carries an EPI Pen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently covered by my family hospitalization and medical policy: YES NO

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**NOTICE TO PARENTS:**

1. This organization is not responsible for injuries or loss resulting from participation in Lincoln-Way Youth Strings LLC activities.
2. Medical expenses over and above the insurance coverage are the responsibility of the parents. This organization assumes no obligation for said expenses.